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PTO/SB/21 (08-00)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/608,713
		Filing Date	June 30, 2000
		First Named Inventor	AGO, HIDEO
		Group Art Unit	1631
		Examiner Name	GALITSKY, NIKOLAI M.
Total Number of Pages in This Submission	23	Attorney Docket Number	SHIM-007

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	Change of Correspondence Address	1. Exhibits
<input type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	2. Supplemental PTO/SB/08A
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund	3. Copy of postcard
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	4. Copy of IDS
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		5. Copy of PTO/SB/08A
		6. Copy of References
		7. Postcard

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	JAMES S. KEDDIE, PH.D., Reg. No. 48,920	
Signature		
Date	December 6, 2002	

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\$) 180.00
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METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:		3. ADDITIONAL FEES			
Deposit Account Number 50-0815 Deposit Account Name Bozicevic, Field & Francis LLP		Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		105	130	215	65 Surcharge – late filing fee or oath

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FEE CALCULATION					
2. BASIC FILING FEE					

Fee Code	Large Entity Fee (\$)	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370 Utility filing fee	
106	330	206	165 Design filing fee	
107	510	207	255 Plant filing fee	
108	740	208	370 Reissue filing fee	
114	160	214	80 Provisional filing fee	
SUBTOTAL (1)				

1. EXTRA CLAIM FEES		
Extra Claims	Fee from below	Fee Paid
Total Claims 24 -20** =	x	=
Indep. Claims 5-3** =	x	=
Multiple Dependent		=
SUBTOTAL (2) \$		

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203
102	84	202
104	280	204
109	84	209
110	18	210
Claims in excess of 20		
Independent claims in excess of 3		
Multiple dependent claim, if not paid		
** Reissue independent claims over original patent		
** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) \$		

\*\*or number previously paid, if greater. For Reissues, see above

*Reduced by Basic Filing Fee Paid	SUBTOTAL (3) (\$) 180.00
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SUBMITTED BY					
Name (Print/Type)	James S. Keddie, Ph.D.	Registration No (Attorney/Agent)	48,920	Telephone	(650) 327-3400
Signature	James S. Keddie			Date	12/06/2002

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